Legend

|  |
| --- |
| What did you like about the lectures? |
| What did you NOT like about the lectures? |
| Any suggestions how we can improve the lectures? |

Feedback from the 2016 class

|  |  |  |
| --- | --- | --- |
| 2016/001 | Dr Charlie Viljoen is such a great teacher. I wish we had more sessions with him. Every lecture with him was useful and the notes i made from those lectures have helped me. | Good tutors |
|  |  |
| if there was an online resource or teaching guide by dr viljoen that would be great. AMybe he should make youtube videos like Dr Najeeb (Neuroscience guy) | Online resource  More lectures |
| 2016/002 | I enjoyed being taught the basics once again and to feel confident in some things. | Taught basics again |
| I did not like the fact that we had to learn such a crucial skill in such a short amount of time. I started off thinking, "okay i've got this" and then the speed increased and i completely lost track. | Too little time allocated |
| More practice sessions in smaller groups | Practice sessions in smaller groups |
| 2016/003 | I found the ECG lectures in 4th year very useful in improving my understanding of the physiology behind the ECG itself, which I find far more useful than learning the morphology. If I understand how the condition works, I find that I am able to retain the information and utilize it much more effectively in a clinical setting. I very much enjoyed the lecturer, Dr Viljoen, as I feel his approach was very conducive to understanding the work. | Taught to understand ECGs  Good tutors |
| No negatives |  |
| Perhaps have more resources such at videos available for self-learning and practice. | More self-learning resources  More practice |
| 2016/004 | - gave a good basic understanding of ECGs - gave a step by step approach | Taught to understand ECGs  Systematic approach |
| - they were too long - too much information was covered in one go therefore making it difficult to digest the information given | Lectures are too long  Too much information in one lecture |
| - start teaching earlier - give bite size information so easily digested  - give resources to help with instant answers and explanations of whats actually wrong | Earlier in curriculum  Less information at once  Practice with feedback |
| 2016/005 | - | - |
| - | - |
| - | - |
| 2016/006 | - | - |
| At the time, they made sense, but I forgot many things. They take long for the amount of information gained | Forgot  Lectures are too long |
| It's a matter of practice and see under supervision; and shorter lectures | Practice under supervision |
| 2016/007 | I liked that they were very interactive: the tutor didn't sit and read things to us, they often involved us and asked us to interpret at first. And if as a class we struggled, then they'd take it with us step by step | Interactive lectures  Systematic approach |
| I did not like that it was for the whole group, I think smaller groups would be more beneficial. | Groups too large |
| Include teachings in acute care as well, as I actually interpreted ECG's more often than in general medicine | Teach ECGs in other blocks also |
| 2016/008 | - | - |
| - | - |
| ECG tutorials should be more interactive | Lectures should be interactive |
| 2016/009 | able to ask questions and receive an answer | Interactive |
| too few | Too few lectures |
| perhaps have tutorials with groups of students | Teach ECGs in small groups |
| 2016/010 | The useful guide on how to interpret ECGs, step by step analysis. | Systematic approach |
| I do not like the pressure of having to do analysis in front of everyone. | Pressure of analysing an ECG in front of other students |
| More small group tutorials would be nice, maybe analyzing ECGs in ward rounds or tuts. | More small group tutorials  Analysing in work place |
| 2016/011 | The ECG lectures were extremely helpful… |  |
| … although it would have been more helpful if we had access to the notes before and after in order to read up before hand, and so that we have access to those resources after when we are confused |  |
| To improve ECG teaching, tutorials should be run throughout the year. | Lectures throughout year |
| 2016/012 | There was a nice format and structure to interpreting ECGs | Systematic approach |
| They were too fast and too few of them | Rushed  Too few lectures |
| More examples and interactive teaching | More examples  Lectures should be interactive |
| 2016/013 | They were interactive and involved a lot of examples. | Interactive lectures  A lot of examples |
| Being called up if not entirely confident. | Pressure of analysing an ECG in front of other student |
| Less pressure to come up and answer. Have a handout maybe with the different patterns and possible causes. | Avoid putting student under pressure by asking them to analyse an ECG in front of colleagues  Handouts to accompany lecture |
| 2016/014 | - | - |
| - | - |
| - | - |
| 2016/015 | The lectures in 4th year were well done but the information was not retained because we couldnt practice. | Compliment lecturer |
| Initial lectures in 2nd/3rd(?) year were far too rushed and thus we didn't learn much and found ECGs abit overwhelming, which created a mental block and the perception that they are extremely difficult. Introductory lectures to the ECG should not be 'squeezed' in and should have a more practical aspect. diagnoses should also only be brought in later, once we have mastered the normal ECG. | Lack of opportunity to practice  Too rushed  Lack of opportunity to practice  Not enough supervision |
| Please provide loads of ECG's that we can go over either during tutorials or in our own time, with answers provided ! We are under-practised and under-supervised when it comes to ECGs. | Provide more examples  Self-learning resources  Start with normal ECG then do diagnoses |
| 2016/016 | going through examples together | Going through ECGs together |
| too time-pressured (not enough time allocated to the session). Always cover the basic Rate Rhythm analysis well and run out of time for the rest (BBBs, QT intervals, effect of electrolyte imbalances etc) | Too little time allocated |
| simply need more of it, and to reinforce the learning with MCQ quizzes on vula. | Provide more examples  Practice with feedback |
| 2016/017 | That they happened | Compliment lectures |
| That they did not happen enough and often focused too much time on the 'early' parts of systematic ECG interpretation (rate, rhythm, axis etc) and not on the later things (QRS morphology, specific patterns of disease etc) - which are the things I am personally hopeless at. I would also like more pathophysiology tied into the disease states where possible as it helps cement the concept and makes ECG anomolies make more sense. | Too few lectures  Not tying in pathophysiology |
| More time teaching, practicing and well mainly more time. | More lectures  More opportunity to practice |
| 2016/018 | Lectures are of very good quality but there are not enough of them. | Compliment lectures |
| It's also hard to keep up with knowledge when doing other blocks. | Not enough lectures  Forget |
| Perhaps there could be integration into other blocks? | Teach ECGs in other blocks as well |
| 2016/019 | they offered simpliefied ways to think about ECG and i |  |
| not having answers in the slides for when i practise later. | Lack of feedback when practising |
| More bedside wardwrounds, the ones on the book are just not the same | Teach ECGs in the work place |
| 2016/020 | - | - |
| - | - |
| more practicing of interpretation | More opportunity to practice |
| 2016/021 | - | - |
| - | - |
| Practice, practice. Practice | More opportunity to practice |
| 2016/022 | - | - |
| - | - |
| - | - |
| 2016/023 | we analysed the ECGs one step at a time and categorised them well eg brady ones versus tachy ones. made irt easy especially as introduction to the normal | Taught to analyse the ECG systematically  Methodological teaching |
| there was a short span of time, not to have them for a long period at once but to have a short or same period of time but more frequently and repetitive | Too little time allocated  Too few lectures |
| repetition especially when we start doing pathologies. more practice under supervision and having a workbook to go through | More frequent lectures  Practice under supervision  Allow for repetition |
| 2016/024 | I liked that eveyone was encouraged to participate, and that each person had to go through the ECG stepwise in a short time, with the guidance of a lecturer. | Encouraged to participate  Analysing ECGs under guidance of lecturer |
| there were too many of us present | Groups too large |
| maybe break up the group into smaller sub-groups to allow a more one-to-one basis of teaching and learning, and to avoid distraction. | Teach in smaller groups |
| 2016/025 | i enjoyed the manner in which it was taught. actually going through various ecg's with the lecturer helped a lot | Analysing ECGs under guidance of lecturer |
| They were too short and we focused a lot on the basics. when we move onto interpreting the ST segments etc, it becomes more difficult however not enough time was spent teaching how to interpret that. | Lectures are too short  Too much focus on basics |
| More lectures. being taught during ward rounds and bedside tutorials how to interpret an ECG especially normal ECG's as there appears to be a huge range of what normal is. increased variety in the types of ECG's interpreted with various abnormal features. | Schedule more lectures  Teach ECGs in the work place  Also teach the normal ECG  Provide more examples |
| 2016/026 | - | - |
| - | - |
| - | - |
| 2016/027 | I enjoyed the interaction between the students. Dr Viljoen created a safe space to learn. It was simplified and an approach was clearly implemented. | Interactive lectures  Simplified  Systematic approach taught |
| Putting individuals on the spot made me a bit nervous. | Pressure of analysing an ECG in front of other students |
| More of these are needed throughout the medical training. | Schedule more lectures  Teach ECGs in other blocks as well |
| 2016/028 | The information was spread out and it therefore was not overload. | Lectures were spread out |
| they lectures are long and were placed at the end of the day. | Lectures are too long  Lectures at the end of the day |
| the information could be made simpler by using more analogies and visuals,  there could also be a weekend workshop when we aren't concerned about anything else but ECG. because ECGs are fun and deserve full attention. | Include visual material to explain  Arrange weekend workshops |
| 2016/029 | They were very informative and and had step by step instructions on how to interpret ECGs | Lectures were informative  Systematic approach taught |
| There were not enough lectures | Too few lectures |
| By providing more formal lectures on the interpretation of ECGs | Schedule more lectures |
| 2016/030 | back to basics. | Basics were taught again |
| in the middle of a hectic rotation with a lot to learn. No time to practice. | Lectures scheduled in a busy rotation  Lack of opportunity to practice |
| we just need loads and loads of practice with immediate feedback. No more teaching needed than is already given. Possibly an online forum where people can post questions. | Provide more opportunity to practice  Practice with feedback  Create an online resource |
| 2016/031 | they were easy to understand and given by good tutors | Simplified  Good tutors |
| there were long an allocated time was usually no enough | Lectures are too long  Too much information at once |
| it must happen continuosly through out the year not just in Gen MED | Teach ECGs in other blocks as well |
| 2016/032 | Breakdown of ECGs such that there is a step by step approach, going through examples | Systematic approach taught |
| A bit tedious | Lectures are too long |
| Teaching in ward rounds | Teach ECGs in the work place |
| 2016/033 | very well taught | Good tutors |
| sporadic; a lot of information for one session, and sessions spread far apart. | Too few lectures |
| please make it more regular; once maybe twice a week(maybe the first session a lecture/formal teaching and the second session a tut where we get 20 examples and try interpret them under the supervision and help of a tutor); shorter sessions; look into introducing ECG teaching earlier; maybe in second semester of year 2 | Schedule more lectures  Practice under supervision  Lectures should be shorter  Earlier in curriculum |
| 2016/034 | - | - |
| - | - |
| - | - |
| 2016/035 | They were interactive. We got to participate in interpreting ECG with the supervision of a skilled clinician | Interactive lectures  Analysing ECGs under guidance of lecturer |
| Nothing. It was good | - |
| The problem with ECG teaching is that we go for long periods without ever having tuturiols when moving on to other blocks. It is thus easy to forget what we have previously learnt about ECGs because the teaching is not continuous. | Lectures should be more often  Teach ECGs in other blocks as well |
| 2016/036 | Dr Viljoen was an exceptional teacher. I liked the pace of the lectures. The approaches were good and really easy to understand. | Good tutors  Systematic approach taught  Easy to understand |
| I liked them |  |
| I think with more practice oppurtunities. Taking the quiz today, I felt that I knew the approches but was out of practice and therefore forgot the numerical information and the axis exact numbers | Provide more opportunity to practice |
| 2016/037 | - | - |
| ECG teaching at the moment is very much for exam and test purposes and I found that 8 months on from actually using the skill (it has not been practised at all in the other block) - I almost have to start from scratch in terms of a algorithm to interpretation and pattern recognition everytime we are re-introduced to ECGs. | Teaching geared to prepare students for exams instead of real life  Poor retention of knowledge if there is no reinforcement in other blocks |
| More online resources and a smartphone app would be extrememly helpful for practising ECG's even when we are not studying for an asessment or for general medicine. | Create an online resource  Create an app |
| 2016/038 | - | - |
| They are commonly too fast, emphasising on volume and not student retention of material. Students have differing levels of understanding and talking without really explaining is useless for some. | Too rushed |
| More time and smaller classes or tutorials with opportunities to ask questions and clarify some things. | Schedule more lectures  Teach in smaller groups  Allow for questions to be asked |
| 2016/039 | - | - |
| - | - |
| - | - |
| 2016/040 | they were methodical | Systematic approach taught |
| calling for students to interpret the ECG in front of fellow students | Pressure of analysing an ECG in front of other students |
| more mini-sessions, in a sense that less topics must be covered per lecture and the class must be told ber\fore hand which topics to prepare for | Teach ECGs in small groups  Flipped classroom |
| 2016/041 | Dr Viljoen is a brilliant teacher who would encourage us to learn | Good tutors |
| There were too few | Too few lectures / sporadic |
| More bedside ECG tutorials, a UCT online resource | More bedside ECG tutorials  Create an online resource |
| 2016/042 | they make hard concept more simple. | Simplified / made easy to understand |
| it takes a lot to understand it, even when you do, you forget it | Difficult subject to master |
| more practical integrated teaching. | Provide more opportunity to practice |
| 2016/043 | they were giving basic steps in intepretation of ECG and they helped a lot. | Systematic approach taught |
| they were long , a whole day on ECG does not improve my understanding at all. | Lectures are too long |
| Atleast once a month we should have a ECG tutorials | Lectures should be more often |
| 2016/044 | well presented in manner that was easy to follow and understand | Simplified / made easy to understand |
| not enough lectures | Too few lectures / sporadic |
| each lectures should put emphasis on ecg interpretation during seminars and lectures. | ? |
| 2016/045 | - | - |
| - | - |
| - | - |
| 2016/046 | The ECG tuts by the cardiology department were absolutely superb! | Lectures were informative |
| We do not get enough exposure to ECGs, and do not get tested enough. | Lack of exposure to ECGs  Not enough testing on ECGs |
| There needs to be more lecture slots for ECG during emergency medicine with Rachel Weiss, as well as a booklet of practice examples that we analyse at home and go through in class. | Schedule more lectures  Booklet with examples to practice |
| 2016/047 | I liked how everything is summarised in the ECG lectures. The teaching by Dr Viljoen is really excellent. | Simplified / made easy to understand  Lectures were informative |
| I did not like how little ECG teaching we received during gen med. | Too little time allocated |
| More lectures are needed and there should be tutorials. I feel that most medical students only study ECGs just before a test and I think it would be really useful for us to have ECG lectures and tutorials throughout the whole year in every single block so that we do not forget the work. Furthermore, I know of interns who don't understand ECGs so I feel that it is imperative that we get taught regularly about them. | Schedule more lectures  Lectures should be more often  Teach in smaller groups  Teach ECGs in other blocks as well |
| 2016/048 | ECG lectures were given in manageable chunks. When Dr Viljoen taught, it was easy to understand and follow. | Taught in manageable chunks  Simplified / made easy to understand |
| ECG lectures were given in the afternoon when students are not fresh. Lecture material was not provided. homework/revision was not given. probing for understanding in class was not done. | Lectures at the end of the day  No accompanying teaching material  Lack of opportunity to practice  Lack of probing an understanding |
| providing the above. testing more frequently. tesing during ward rounds and teaching when a sudent is unable to answer. NO HUMILIATION, we cannot avoid ward rounds and we do not want them to be unpleasant. | Provide handouts to accompany lectures  Provide more opportunity to practice |
| 2016/049 | - | - |
| - | - |
| - | - |
| 2016/050 | it was really interactive and gave us a step-by-step approach, which I enjoyed because it was easy to follow and easy to remember. | Interactive lectures  Simplified / made easy to understand |
| It was sometimes too rushed | Too rushed |
| MORE TUTS and resources. | Create more resources  More small group teaching |
| 2016/051 | I learnt a lot, |  |
| stuff we were just told but never explained to us/ just rushed. | Lack of explanation  Too rushed |
| To know the tops to be discussed that day so as to prepare before hand. More teaching, more practice undersupervision. | Flipped classroom  Schedule more lectures  Practice under supervision |
| 2016/052 | It allowed me to build on my previous knowledge of ECG's. It was simple to follow and very practical. | Allowed for student to build on previous knowledge  Simplified / made easy to understand |
| The time constraints; a mock quiz + time to go through the answers would have been nice. | Too little time allocated |
| I think that it was taught very well but there needs to be some way of recapping/revising the work because I found myself throughout the exam thinking "I knew this well once but I can't remember". I think the app will be an easy way to assess how much ECG knowledge you still have and being able to build on that. | Practice with feedback  Create an app for smart phone |
| 2016/053 | They were well presented and pitched at a suitable level. | Lectures were informative |
| N/A | - |
| Not sure - i think my shortcomings are of my own making. | - |
| 2016/054 | ECG lectures were easy to follow and understand | Easy to follow and understand |
| Not much | - |
| No suggestions | - |
| 2016/055 | They are interactive and not passive | Interactive lectures |
| They are rushed | Too rushed |
| online step by step programme that covers basics | Create an online resource |
| 2016/056 | - | - |
| - | - |
| - | - |
| 2016/057 | they were interactive | Interactive lectures |
| they were too short or too few | Lectures are too short  Too few lectures / sporadic |
| more lectures and more chance to practice - smaller groups | Schedule more lectures  More small group teaching  Provide more opportunity to practice |
| 2016/058 | the lectures were conducted in a student friendly manner and created a safe learning space | Lectures were safe learning space |
| It would have been nice to have more exercises | Lack of opportunity to practice |
| having an extra session for struggling students | More sessions for struggling students |
| 2016/059 | - | - |
| - | - |
| - | - |
| 2016/060 | they made sense and made ecgs make more sense | Lectures were informative |
| the class is big, so sometimes people are saying something and you think you know but actually you don't. sometimes you are scared to ask questions cause you don't know how to phrase your confusion | Groups too large  Afraid to ask questions in front of other students |
| - | - |
| 2016/061 | - | - |
| - | - |
| more supervision in the wards for interpreting ecgs. practice makes perfect but instead we learn about ecg in class and never get to practice under supervision = obviously we forget. | Practice under supervision |
| 2016/062 | It was interactive which is key, it had "practise-questions"/examples of real-life ecgs | Interactive lectures |
| ECG lectures are generally quite scattered in terms of continuity (they are too far apar from each other and there is no continuity as one goes along the blocks. I was taught ECGs only in my first block, general medicine and by the time i go to my fourth or last fifth block I hadn't been supervised with ECG interpretation for more than 7 months which meant that tricky concepts such as analyzing QRS morphology had become foreign/ forgotten. | Too few lectures / sporadic  Poor retention of knowledge if there is no reinforcement in other blocks |
| ECG should be continuous within our blocks until we are able to analyze them confidently on our own as opposed to being prematurely left to figure them out by ourselves after being taught only in ONE block. | each ECGs in other blocks as well  Provide more opportunity to practice |
| 2016/063 | - | - |
| - | - |
| - | - |
| 2016/064 | explained in a simple way | Easy to follow and understand |
| no chance to do some on our own to see if we getting it right | Lack of opportunity to practice with feedback |
| a database with ECGs, options to choose easy to difficult , with the right answer when done to test our knowledge. Must include a lot of ECGs so that it not simply recognizing patterns. can be helpful for interns/MOs/reges all who want to brush up on ECG skills | Online point of reference  Online quiz with feedback |
| 2016/065 | I enjoyed the stepwise approach I was taught on interpreting ECG. I was also afforded an opportunity to ask questions if I didn't understand | Systematic approach taught  Interactive lectures |
| the lectures were too short and felt rushed at times | Lectures are too short  Too rushed |
| Give more practice materials and notes on intepretation | Provide more opportunity to practice  Handouts to accompany lectures |
| 2016/066 | - |  |
| - |  |
| an online programme with cases scenarios would be great | Online point of reference |
| 2016/067 | - |  |
| - |  |
| - |  |